



Department of Revenue
REQUEST FOR ADMINISTRATION OF
APPRAISER EXAMINATION

SECTION I ♦ ♦ *Please Print or Type* ♦ ♦

Applicant's Name: _____
Last First Middle

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____ Work Phone: _____

Employed by: _____ County Assessor's Office

_____ Other (please note)

SECTION II *Accreditation Examination Request*

WAC 458-10-030(1) requires as a prerequisite to taking the accreditation examination, an applicant shall submit evidence that he or she has successfully completed at least thirty (30) classroom hours of courses approved by the Department of Revenue in the basic principles of real property appraising within the previous two years.

I meet the prerequisites noted and I am requesting Accreditation Examination (Code E001).

I have included the required \$50 examination fee: Yes No

I have attached a completed Application for Accreditation as an Ad Valorem Real Property Appraiser, REV 64 0081, to this application: Yes No – if *no*, please document the following:

- 30-classroom hours of courses approved by the Department.
- Attach copy of certificate of completion (or college transcripts) for each course listed.

Course Title	Course Sponsor	Dates Attended	Classroom Hours

SECTION III *Check Preferred Test Location/Exam Date*

Bellevue	Mount Vernon	Olympia	Pasco
Port Angeles	Spokane	Vancouver	Walla Walla
Wenatchee	Yakima	Preferred Exam Date _____	

(If an individual fails an examination, he/she may attempt the exam after a 60-day waiting period without an additional fee.)

Applicant's Signature

Date

Make Checks Payable to:
Department of Personnel

Return to:
Department of Revenue
Property Tax Division
PO Box 47471
Olympia WA 98504-7471
Phone: (360) 570-5866 or 570-5865

For tax assistance, visit <http://dor.wa.gov> or call (800) 647-7706. To inquire about the availability of this document in an alternate format for the visually impaired, please call (360) 486-2342. Teletype (TTY) users may call (800) 451-7985.